



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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FILED

JAN 11 2016

SECRETARY OF STATE
ELECTIONS DIVISION

#1703

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply
- ☐ Change Name
Previous Name of PAC
- ☐ Other:

Name of Committee:
Committee to Improve Nevada's Economy and Education System

Telephone:
775-882-1700

Mailing Address:
410 S. Minnesota Street
Street Name, Number

Carson City
City

NV 89703
State Zip Code

PAC Active Email Address:

PURPOSE: Briefly state the purpose for which the PAC was organized.

Advocate for sound government policies which will sustain and grow Nevada's economy and assist in funding appropriate education goals.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:
Mary Lau

Telephone:
775-882-1700

Physical Address:
410 S. Minnesota Street
Street Name, Number

Carson City
City

NV 89703
State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X Mary Lau
Signature of Registered Agent

Date:
1/4/2016



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Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Telephone:

Mary Lau, Managing Manager

775-882-1700

Mailing Address:

410 S. Minnesota Street

Carson City

NV 89703

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

X
Signature of Representative of Group

Printed Name:

Mary Lau

Date:

1/4/2016

Telephone:

775-882-1700